

CHARTER

UNIFIED BIOSTATISTICAL UTILITY WORKING GROUP

1. PURPOSE

The Unified Biostatistical Utility (UBU) Working Group serves as a TRICARE Management Activity (TMA) sponsored functional proponent for the integration of DoD healthcare systems that use biostatistical data to support medical information systems. The UBU recommends tri-Service policies for standardization, compliance and business process improvement related to the collection, storage, retrieval and reporting of biostatistical data throughout the Military Health System (MHS). The UBU operates under the auspices of the Deputy Surgeons General in coordination with the Coding and Workload Integration Committee.

The UBU Working Group activities include, but are not limited, to the following:

- Develop recommended functional requirements for biostatistical data within DoD healthcare systems. This includes biostatistical requirements for both direct and purchased care as well as military-unique biostatistical requirements to support readiness and contingency planning.
- Develop recommended standardized biostatistical data elements, business processes, diagnostic and procedure codes, and algorithms required for detailed analysis across the MHS in a manner consistent with other federal agencies and civilian best practices.
- Serve as the functional proponent for professional and institutional coding practices for CHCS and CHCSII. The UBU will coordinate with the Information Management Directorate (IMD), Clinical Information Technology Program Office (CITPO), Resources Information Technology Program Office (RITPO), and Theater Medical Information Program (TMIP) to ensure thorough and timely review of existing and emerging functional requirements for source data collection systems.
- Serve as the functional proponent of the DoD Encoder/Grouper and Coding Compliance Editor. A subgroup of the UBU may serve as the Working Group. The UBU will coordinate with the IMD, CITPO, RITPO, and TMIP to ensure thorough and timely review of industry practices and emerging functional requirements.
- Serve as the functional proponent of the DoD Healthcare Glossary, aligning business processes and data definitions across the MHS. The UBU will coordinate with the IMD to ensure thorough and timely review of new and emerging data definitions and policies for the MHS.
- Coordinate with other Working Groups, Integrated Project Teams, and Program Offices to ensure that decision processes are staffed appropriately.

- Coordinate with the MEPRS Management Improvement Group (MMIG); Uniform Business Office (UBO); Steering Committee for the Standardization of Codes, Weights, and Algorithms; Data Standards Configuration Board; Data Quality Management Control; and other Working Groups to ensure the appropriate collection and quality of data.
- Additional taskings within the scope of the UBU Charter as determined appropriate by TMA leadership.

2. MEMBERSHIP. The UBU Working Group is composed of a representative cross-section of functional experts from TMA and the military medical Services. The core UBU membership will consist of the following:

Representative	Organization	Total #
Service Coding/Medical Records Specialist	Medical Services	3
Service Biometrics/Analyst	Medical Services	3
Service Clinician	Medical Services	3
Data Quality Manager	Medical Services	3
TMA Biometrics Analyst	TMA	1
MMIG Representative	TMA	1
UBO Representative	TMA	1
UBU Chairperson	TMA	1

Each Service is requested to designate one individual to represent each of the following functional areas:

- Coding/Medical Records. This representative must have a strong working knowledge of medical classification systems and medical record administration; medical record coding of diagnoses and procedures (for example, ICD-9-CM, CPT, HCPCS, SNOMED, etc.); National Correct Coding Initiative; and medical record maintenance, disposition and form management. Ideally, this individual should be a Registered Health Information Administrator.
- Biometrics Analysis. This representative must be an experienced end-user of MHS biostatistical data to support decision-making. He/she should have a good working knowledge of biostatistical methodologies and concepts including: rates of disease and morbidity in a population; population demographics; risk adjustment methodologies; rates of utilization of health services; and sources of national data suitable for comparison and benchmarking. A detailed knowledge of MHS data, including SIDR, SADR, and HCSR is critical.
- Clinical/Preventive Healthcare. The provider should be a physician who can provide a wide-range of clinical perspective and experience to the UBU discussions.

- Data Quality Assessment. This individual should be the Service Data Quality Manager designated as the Service representative under the MHS Data Quality Management Control Program.

Though each Service may designate up to four representatives, one individual may represent more than one area of functional expertise. The remaining core membership will reflect interests as representatives of TMA and Health Affairs.

Additional individuals may attend the UBU meetings as appropriate to provide expert consultation or clarification of specific issues raised for discussion. These individuals will attend the UBU meetings as invited guests of a core UBU member. In the event a core UBU member cannot attend, he/she may designate an individual to attend in his/her place, as long as the designated individual has sufficient background and knowledge of the UBU agenda items to adequately represent their Service or TMA position.

The UBU Chairperson will be a representative from TMA who can effectively represent and implement UBU recommendations at the enterprise-wide level. The UBU Chairperson is responsible for consensus-building among the UBU membership, as well as with other organizations within TMA that are impacted by the UBU decisions. If a UBU recommendation conflicts with existing policy statements, the UBU Chairperson will be responsible for coordinating with the appropriate organizations to resolve the conflict in a manner that brings optimal benefit to the MHS. TMA or HA (as appropriate) will be the final authority to make decisions based upon recommendations of the UBU Work Group.

3. VOTING RULES. Each Service will hold one vote. It is the responsibility of the core Service members to solicit appropriate input and establish consensus across their Service when casting their Service vote. The TMA Chairperson will have the responsibility to ensure that the recommendations are in accordance with MHS policy and strategic direction. In the absence of consensus across the three Services, the UBU Chairperson may choose to exercise the following options:

- Delay resolution of the issue until consensus may be reached.
- Accept the consensus of two of the three Services.

For any issues where the Service consensus conflicts with MHS policy and strategic direction, the Chairperson will forward unresolved issues to the Coding and Workload Integration Committee for resolution or recommended action.

4. MEETINGS. The UBU meetings will meet on a quarterly basis at a minimum. The UBU will hold additional meetings, either in person or by teleconference, as needed to resolve issues in a timely manner. Proceedings of the UBU can be briefed to higher authority when requested by the DSGs.

5. DELIVERABLES. The UBU will have primary and secondary responsibilities for specific deliverables. Those deliverables for which the UBU is wholly responsible are designated as "primary." Those deliverables for which the UBU must provide input and guidance but are not the owning body are designated as "secondary." All primary deliverables will be available on the UBU website. In addition to the deliverables shown below, minutes of all quarterly meetings and periodic conferences will be prepared by the recording secretary, approved by the UBU Chairperson, and coordinated through the Service voting member to their respective DSG.

Deliverable	UBU Role	Owner
Policy documents relating to uniform biostatistics	Primary	UBU
Professional Coding Guidelines & Business Rules	Primary	UBU
Inpatient Coding Guidelines & Business Rules	Primary	UBU
DoD Expanded and Modified Code Sets	Primary	UBU
DoD Glossary of Healthcare Terminology	Secondary	IMD
Functional Requirements for systems for which the UBU is a functional proponent	Secondary	IT&R, CITPO, RITPO, EI/DS, TMIP

6. DURATION OF COMMITTEE/WORK GROUP. The authority to convene this working group automatically expires three years from the date this document is signed.

_____-signed - _____ Date: 8 Oct 2003
 Nelson M. Ford, Deputy Assistant Secretary of Defense (Health Budgets and Financial Policy)

Approval: _____ Date: _____

_____-signed - _____ 28 April 2004 _____
 Deputy Surgeon, Army

_____-signed - _____ 6 May 2004 _____
 Deputy Surgeon, Navy

_____-signed - _____ 23 February 2004 _____
 Deputy Surgeon, Air Force

 13 May 2004
 Deputy Director and Program Executive Officer, TRICARE Management Activity